

MISSOURI DEPARTMENT OF MENTAL HEALTH

POSITION STATEMENT ON SERVICES AND SUPPORTS FOR TRAUMA SURVIVORS

The psychological effects of violence and trauma are priority issues for the Missouri Department of Mental Health. Psychological trauma refers to clusters of symptoms, adaptations, and reactions that interfere with the daily functioning of an individual who has experienced suffering, neglect, deprivation, physical abuse and injury, sexual abuse and/ exploitation, threatened sense of safety, or who meets the criteria for Post-Traumatic Stress Disorder (PTSD). Psychological trauma affects men, women, and children. Two key factors that affect an individual's response to trauma are resiliency and vulnerability. The impact of trauma for vulnerable individuals is linked to such difficulties as mental illness, addiction and abuse, personality disorders, physical illness, suicide, self-injury, aggression towards others, and re-victimization. Many people cannot begin healing from the effects of other disorders until the trauma is addressed. Failure to address trauma-related issues may worsen the symptoms of trauma survivors and may exacerbate their experience of disempowerment and victimization.

The scope of psychological trauma is pervasive. When psychological trauma is not recognized or addressed, people may be unintentionally re-traumatized by the agencies and providers trying to serve them. Therefore, our systems of care will incorporate approaches that actively consider the likelihood of consumer's experience of trauma.

The department is currently serving consumers with histories of trauma and we believe the problem is underreported. A Missouri statewide sample of clients seeking residential and outpatient substance abuse treatment found that 64% of women and 16% of men reported being physically or sexually abused. These clients with a history of trauma were roughly 30% more likely to have a history of psychiatric treatment as well (TOPPSII, 2002). A review of 15,681 Missouri Department of Mental Health substance abuse treatment client assessments from 2000 to 2002 found 40 % reported lifetime physical abuse, and 25 % reported lifetime sexual abuse (Outcomes Web, 2002).

Estimates of lifetime exposure to interpersonal violence in persons with severe mental illness are between 43% and 81% (Carmen, E. et al., 1984). Studies consistently confirm a 50 – 80% prevalence rate of sexual and physical abuse among persons who later acquire diagnoses of mental illness (Beyer, 1987; Beck & Van der Kolk, 1987; Rose, et al, 1992; Craine, et al, 1988; Stephan, 1996).

Studies over the past decade suggest that mentally disabled people are at least four times more likely than other Americans to be targets of sexual assault and other violence. Some studies indicate that more than 75 percent of mentally disabled women are sexually abused (Crary, D). One study of 50,278 children enrolled in a Nebraska school system established a 9% prevalence rate of abuse and neglect for non-disabled children and a 31% prevalence rate for the disabled children (Sullivan & Knutson, 2000).

Psychological trauma crosses service systems and requires specialized knowledge, staff training, and collaboration among policy makers, providers, consumers and family members. Since trauma survivors respond to the events differently services for trauma survivors must be flexible, individualized, culturally competent, and promote respect and dignity. Trauma services must be consumer driven focusing first and foremost on an individual's physical and psychological safety.

Guiding Principles:

The Missouri Department of Mental Health's Trauma Competent service system will:

- ❖ provide an environment that ensures physical, emotional and interpersonal safety,
- ❖ engage the consumer as an equal partner,
- ❖ promote consumer empowerment,
- ❖ have staff that is knowledgeable and trained,
- ❖ provide services in a holistic, contextual, and strengths based manner,
- ❖ be integrated on an individual, system-wide, policy, and funding level,
- ❖ educate stakeholders and the community at large about the needs of trauma survivors.
The Department will promote prevention and public awareness about risk and protective factors for trauma survivors.